

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005164

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 110

FILED FEB 25 1963

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>310 Duncan Street</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>310 Duncan St.</u>
3. NAME OF DECEASED (Type or print) <u>NIMROD DUNCAN ALLEN</u> <u>Nimrod Duncan Allen</u>		4. DATE OF DEATH Month <u>February</u> Day <u>14</u> Year <u>1963</u> <u>2/14/1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/19/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROTC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Military Tactics</u>	9. AGE (last birthday) <u>62</u>
13a. FATHER'S NAME <u>EMMETT ALLEN</u> <u>Emmett Allen</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HUBBARD</u> <u>Anna Hubbard</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH ALLEN</u> <u>Edith Allen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service or unknown) <u>WW I and II</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic coronary thrombosis</u>		17. INFORMANT <u>MRS. EDITH ALLEN, COLUMBIA, MISSOURI</u> <u>Mrs. Edith Allen Columbia Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:30</u> a.m. <u>17</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Coroner's case</u>		20f. CITY, TOWN, OR LOCATION <u>Columbia</u>	
21. I attended the deceased from <u>5:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>2-16-63</u>	
22a. SIGNATURE <u>Richard E. Johnson, M.D.</u>		22b. ADDRESS <u>Columbia, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/16/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery Columbia Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Columbia Missouri</u>
24. FUNERAL DIRECTOR <u>LYMAN SPRINKLE COLUMBIA, MISSOURI</u> <u>Lyman Sprinkle Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 16 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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Rev. 4/59  
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20109  
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FEB 25 1963

FEB 27 1963  
MAR 1 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard A. Leves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.